"Systems Integration of Mental Health Services for Older Adults in Community Based Long Term Care"

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I thank the members of the White House Conference on Aging Policy Committee for agreeing to hold this Listening Session today in Chicago. We hope the comments you receive today will be of value as you plan for the 2005 Conference.

I am Deborah Kuiken, Executive Director of Midland Area Agency on Aging located in South Central Illinois encompassing five rural counties. I also serve on the State's Mental Health and Aging Task Group and currently serve as Vice President of the Illinois Association of Area Agencies on Aging. I have worked diligently on aging issues in Illinois since 1980. I am currently co-chair of the Southern Illinois Mental Health and Aging Systems Integration pilot project Steering Committee, known as MHASI. It is the MHASI project information that I am here to share with you today.

When the Surgeon General's Report on Mental Illness was published in 2000, it suggested that older adults face the same mental disorders as other adults. However, the prevalence, nature and course of such disorders appeared to be different. In addition, treatment was impacted by a host of factors including stigma of mental illness among the older adult population, ageism, complexity and fragmentation of services, lack of coordination between systems of care and a general void in professional and public education.

Because of this concern, and a persistent need in Southern Illinois identified by the three area agencies on aging covering the 29 southernmost counties in Illinois to provide access to mental health services acceptable to older adults, a partnership was formed with the Southern Network office of the Department of Human Services, Office of Mental Health to begin working on integrating the various service systems. The two other Area Agencies on Aging are Southeastern Illinois Area Agency on Aging and Egyptian Area Agency on Aging.

The overall goal of the MHASI project is to facilitate the integration of systems of care and enhance the effectiveness of mental health service delivery to older adults

within the Southern Regional Area. The three main issue areas addressed include:

1. Systems integration
2. Mental Health Services/Consultation to older adults and their families and
3. Training and education to mental health professionals, aging professionals, and health care providers including primary care physicians.

I am presenting the barriers faced by the Aging Network in attempting to integrate the Mental Health and Aging systems and solutions to those barriers that have been implemented. My colleagues will address issues related to the mental health agencies.

1. Case Managers resisted the program saying that they were not Mental Health professionals;
2. There was a history of non cooperation of local community mental health agencies with referrals from the Case Managers in the Aging Network;
3. Aging Network services personnel did not understand the mental network;
4. Case Managers had not been provided with any training or education regarding mental health issues facing older adults;
5. Senior citizens would never go to a mental health facility to receive services; and
6. They already had enough work to do without implementing what was viewed as a new program initiative without any funding.

As you can see, we had significant negative attitudes entrenched in the system that we had to recognize in order to determine approaches to systems integration. The Steering Committee of the MHASI project began chipping away at the barriers, one piece at a time.

The primary answers to the complaints that Aging Network Case Managers expressed were addressed in the following manner.

1. It was acknowledged openly to them that they were not expected to

become mental health professionals, but to obtain enough information and education related to mental health issues facing older adults to be able to effectively identify client situations where mental health issues may exist. This was to enlighten them enough to be able to make good referrals to the local mental health agencies for services.

2. Through grants provided by the Illinois Department of Public Health, Office of Women's Health, we were able to provide a Southern Illinois Mental Health and Aging Conference and subsequent seminars to professionals of both service systems, sensitizing each to the roles, responsiblities, and barriers of the other. A second Southern Illinois Mental Health and Aging Conference was held with various topics including mental health issues, pharmacology, and working with older adults and their caregivers and third conference has been held.

3. Meetings were held in each planning and service area with the Case Managers and the local community mental health agencies to describe the initiative and discuss barriers. As a result, each agency identified specific personnel within their agencies with whom to coordinate services for older adults.

4. The specified personnel met with each other to discuss procedures regarding referrals, follow-up, information exchange and conducting home visits to clients together.

5. A Confidentiality Form and agreement was developed to allow for easy flow of information between the two networks on mutual clients.

6. A behavioural health indicator check list has been developed providing trigger points to assist Aging Network case managers in identifying possible mental health issues during client assessment for appropriate referrals to local community mental health centers. All case managers in the project area began using the check list following training on mental health issues. The Indicator Check List has since been adopted by and included in the Uniform Case Management Assessment Tool developed by the Outcomes Measurement Task Group convened by the Illinois Council of Case Coordination Units.

Referral procedures are now in place which allow referrals between Mental Health and Aging Professionals. Each agency in both systems now have standard, signed working agreements with each other, facilitating coordination of case work and mental health services for older adults utilizing services from each system.

Our Case Managers, when polled last year, reported that they have not had problems with community mental health agencies accepting their referrals, and community mental health professionals have accompanied them on home visits when they have mutually agreed it would be of benefit to the client.

Although we have much work to do yet, including addressing the stigma of mental health services among our aging population, we present the MHASI project for your consideration as a "promising practice". We have the system in place through listening to objections, and working out solutions.

Thank you.